
HEALTH AND WELLNESS



Section HW

STANDARDS FOR CAMP ACCREDITATION

Camps vary in their health-care needs, based on clientele, type and length of program, number of trained health-care providers on the camp staff, and distance from professional medical facilities. All camps need a well-thought-out health-care plan to provide for the needs of campers, staff, and user groups. Potential health risks to the clientele need to be identified and evaluated, and plans for prevention and care need to be specified.

The American Camp Association standards define minimums in terms of staff, facilities, and procedures for health care. They also allow for flexibility in determining the specifics of health-care planning.

APPLICABILITY

Depending on the type of programs and services the camp offers throughout the year, camps may need to address the requirements of standards for several types of camp operational modes in the Health and Wellness section. When a camp seeking accreditation provides day camp, resident camp, short-term resident camp, trip/travel camp, or leases to user groups at any time during the year, the applicable Health and Wellness standards must be scored.

The majority of the Health and Wellness standards are applicable only to day, resident, and trip/travel programs. The health needs of short-term residential programs, family camp programs, and rentals to user groups are addressed in Standards HW-23 through HW-25.

All camps that offer day camp, resident camp, or trip/travel sessions must score Standards HW-1 through HW-22. Several designated standards are not scored for nonmedical religious campers or camps. On the other hand, if the camp *NEVER* provides day, resident, or trip/travel camp sessions, Standards HW-1 through HW-22 do not apply.



HW-1 FIRST AID AND EMERGENCY CARE PERSONNEL **MANDATORY (ALL)**

When campers are present in camp or on camp trips, does the camp require trained adults with the following minimum qualifications to be on duty at all times:

HW-1A: When access to the emergency medical system (EMS) is 20 minutes or less, certification by a nationally recognized provider of training in first aid and CPR? YES NO

HW-1B: When access to EMS is 20-60 minutes, certification by a nationally recognized provider of training in second-level first aid and CPR? YES NO

HW-1C: When access to emergency rescue systems or EMS is more than one hour, certification from a nationally recognized provider of training in wilderness first aid and CPR? YES NO

HW-1D: For nonmedical religious camps, an individual meeting qualifications specified in writing by the religious sponsor? YES NO

Does not apply for each sub-section of HW-1 if the camp types or locations specified are never applicable.

Applies to:

- **Day camps**
- **Resident camps**

INTERPRETATION: "On duty at all times" means that the appropriately certified or licensed person is available in camp or on the trip, and staff or campers know how to contact them. Generally, camps need more than one person qualified under the minimums of this standard so coverage exists at all times, regardless if a person has days off, time off, or duties away from the central part of camp.

"Access to the emergency medical system (EMS)" refers to how long it would take before a person could receive a higher level of medical assistance. For example, camps in urban areas or field trips in urban areas are usually able to have an ambulance on-site or get someone to a hospital or clinic within minutes. However, camps in remote areas or trips taken to wilderness areas will require much more time to access or have emergency services reach them.

Whether the trip or overnight is on or off camp property, camps must consider the average anticipated time it would take for a victim to receive EMS treatment. All day camps and resident camps (including trip/travel programs) must meet the applicable certification levels for all of their programs. When a camp offers trips (both short and long) off-site, higher levels of certification may be required, depending on the trips and anticipated access to emergency services. Camps should consider personnel requirements on all out-of-camp trips in relation to the distance requirements of this standard.

In Standards HW-1A, HW-1B, and HW-1C, the standard specifies a minimum requirement of first-aid certification. Persons with a higher level of training, such as a licensed physician, registered nurse, emergency-medical technician, paramedic, or an advanced level of wilderness emergency care may also be used. Camps should evaluate their location, clientele, and activities, and provide person(s) with a higher level of training to provide emergency first-aid coverage, if appropriate. CPR certification must be appropriate for the age of the campers served.

In Standard HW-1B, "second-level" courses would include a minimum of 12 hours of first-aid training and would cover topics necessary to provide emergency care in a camp where access to the next level of care is available within one hour or less.

In Standard HW-1C, "wilderness first-aid" courses generally provide at least 16-20 hours of training. Camps may determine that a higher level of wilderness first-aid training is more appropriate for their trips or remote locations.

In nonmedical religious camps, a person must be on duty who is designated to handle health and incident/accident situations who meets the qualifications specified in writing by the religious body.

The ACA website, www.acacamps.org, should be consulted for certifying bodies.

COMPLIANCE DEMONSTRATION: Visitor observation of certification cards and licenses; director/staff explanation of coverage.

WRITTEN DOCUMENTATION IS REQUIRED



HW-2 HEALTH HISTORY

**MANDATORY
(ALL)**

Does the camp receive from each camper and seasonal staff person a current, signed health history, requesting all of the following information in relation to the activities in which the camper/staff may participate in camp:

- Description of any camp activities from which the camper/staff should be exempted for health reasons,
 - Record of past medical treatment, if any,
 - Record of allergies, dietary restrictions,
 - Record of immunizations including date of last tetanus shot,
 - Record of current medications, prescribed and over-the-counter, and
 - Description of any current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp?
- YES NO

**Does not apply to
year-round staff.**

Applies to:

- **Day camps**
- **Resident camps**

INTERPRETATION: A "health history" is a current record of an individual's past and present health status that is completed and signed by an individual adult or the parent or guardian of a minor. "Current" means prepared for the camp season. The required signature serves as evidence that the individual adult or the parent/guardian has supplied complete and accurate health information related to the camper or staff participation in specific activities, as outlined in Standard PD-11.

NOTE: If camps have staff or minors who do not have immunizations or other medical records for religious or other reasons, a "record" can be a signed refusal or a signed waiver form.

The *ACA Accreditation Standards Resource CD-ROM* should be consulted for information on waivers and health-history information.

COMPLIANCE DEMONSTRATION: Visitor observation of randomly selected health-history records.

WRITTEN DOCUMENTATION IS REQUIRED

HW-3 HEALTH-CARE POLICIES/PROCEDURES

Are written health-care policies and procedures for each type of camp operation reviewed annually and do they include, at least:

HW-3A: Overall policies specifying:

- Scope and limits of camp health-care services provided, including qualifications and locations of personnel,
- Authority and responsibilities of the camp health-care administrator and provider,
- Authority and responsibilities of other camp staff to provide health and emergency care, and
- Additional external medical and mental-health resources available?

YES NO

HW-3B: Procedures and practices, as appropriate, for:

- On-site and off-site health care,
- Provision of equipment and supplies for health care,
- Obtaining emergency health-care assistance,
- Health screening,
- Medication management,
- Monitoring sanitation in camp, and
- Seasonal and long-term recordkeeping?

YES NO

INTERPRETATION: “Each type of camp operation” refers to day camp, resident camp, and trip and travel programs. Although concerns for short-term residential programs, family camp, and rentals to user groups are addressed in Standard HW-24, they may also be included in this standard. The “annual review” should include the camp administration and the camp’s health-care administrator and staff.

“Scope and limits” refers to the specific health-care services provided to individuals and groups served by the camp, such as summer youth camp and trips. The policies should define what is and what is not provided in terms of services and personnel (including personnel qualifications). Camps also need to evaluate where (on- and off-site) they may need first-aid or health-certified persons, based on characteristics of participants, location of the activity, type of activity, etc.

The “authority and responsibility of the health-care administrator and provider” should define whether or not the two functions are held by the same person. Camps with separate administrative and provider functions need to define the responsibilities of each position. Job description(s) may be used to meet this requirement. Standard HW-13 identifies training requirements for other camp staff related to health care.

Applies to:

- Day camps
- Resident camps

Written materials should identify names, locations, and phone numbers of additional medical and mental-health resources with whom arrangements have been made to serve the camp. Such arrangements need not be confirmed in writing to meet the standard. Prior arrangements with such additional help is in the best interest of the camp and its population. When campers from a nonmedical religious tradition are part of the population, the camp's materials should include appropriate contacts for health problems of those nonmedical religious campers. Materials gathered to meet this standard can be used as part of the review process in Standard OM-4.

"Mental-health resources" may include crisis-team support, providing an opportunity for emotional support and debriefing, as needed, following critical incidents. This support may also involve psychologists, psychiatrists, clergy, hotline numbers, and so forth.

"Equipment and supplies" identifies any medical and emergency equipment including first-aid kits that will be maintained on-site. This requirement will vary, based on the camp's clientele, staffing pattern for health care, and distance to additional medical resources. Camps may want to consider having first-aid kits available at locations where a person certified in first aid is required.

In Standard HW-3B, procedures should be identified for how people, on- or off-site, can "obtain emergency health-care assistance," including while in remote areas on the camp property and locations used for overnights or day trips. Staff need to be trained in these procedures. This standard establishes part of the procedures for the camp's emergency communication plan, as addressed in Standard OM-15.

"Medication management" procedures should identify pertinent camp policy, as well as persons involved in the collection, storage, and administration of medications in camp, procedures for medication recordkeeping, policy on permission by parents to administer specific over-the-counter drugs or products, and procedures to follow if prescription medications arrive at camp without a doctor's order for administration. "Sanitation" refers to cleanliness, hygiene, and health practices throughout the camp, including camper and staff living areas, program and cookout sites, the dining hall and kitchen, and garbage and waste-disposal areas.

"Recordkeeping procedures" should identify how long health-care records are to be kept (Standard HW-21), where they will be retained, who is responsible for their maintenance, and in what format they will be kept (e.g., hard copy, microfilm, or some other electronic medium). This includes procedures for recordkeeping on-site (i.e., who makes entries in the health log, how out-based health logs are incorporated into the main log, and how to cross-reference with health information going out on long and short trips).

The *ACA Accreditation Standards Resource CD-ROM* should be consulted for additional information on considerations for health-care planning.

COMPLIANCE DEMONSTRATION: Visitor observation of written policies and procedures.

WRITTEN DOCUMENTATION IS REQUIRED



HW-4 POLICY/PROCEDURE REVIEW

Have the camp health-care policies and procedures been reviewed within the last three years by a licensed physician or registered nurse, or, if a nonmedical religious camp, by a person with health-care training approved in writing by the sponsoring program? YES NO

Applies to:

- Day camps
- Resident camps

INTERPRETATION: The review of the camp's policies and procedures may focus on addressing camp health concerns that have arisen since the last review, updating recommended procedures, or revising the materials, based on recommendations of current personnel. In situations where the camp's type of operation, clientele, or level of health-care staffing has changed considerably, an immediate review of the plan is recommended.

Information gathered for this standard can be used as part of the review process in Standard OM-4.

COMPLIANCE DEMONSTRATION: Director/staff description of review process.



HW-5 CONTACT INFORMATION

Does the camp have the following written information, for campers and seasonal staff, on-site or with the trip and travel group:

- Name,
- Birth date and age of each minor,
- Home address, telephone number, and cell phone number,
- Name, address, and telephone number including business phone(s) of adult(s) responsible for each minor,
- Telephone number(s) of persons to contact in case of emergency during the individual's stay at camp, and
- Name and telephone number of individual's physician or health-care facility (if available)?

YES NO

INTERPRETATION: The intent of this standard is to have appropriate information immediately available in case of an emergency. "If available" in the last sub-section of Standard HW-5 means that if the individual has a regular family physician or clinic, the information should be obtained and duly noted.

Applies to:

- Day camps
- Resident camps

COMPLIANCE DEMONSTRATION: Visitor observation of randomly selected camper and staff records.

WRITTEN DOCUMENTATION IS REQUIRED



HW-6 HEALTH EXAM

For each resident and trip/travel camper and seasonal staff member, does the camp require written verification from licensed medical provider that the individual has had a health examination within the past 24 months, and does the record include:

- Any physical condition requiring restriction(s) on participation in the camp program and a description of that restriction,
- Date of the health examination,
- Any current or on-going treatment or medications, and
- Date the form was signed by the physician? YES NO

Does not apply to day camps and non-medical religious camps.

Does not apply to year-round staff.

Applies to:
▪ Resident camps

INTERPRETATION: "Licensed medical provider" includes licensed physicians, and, in some states, physician's assistants and certified or certification-eligible nurse practitioners who are licensed by the state in which the camp is located to conduct health examinations.

The written verification required to meet this standard does not need to come from a new health exam, specifically for camp. A form with the listed information and physician's recommendation for participation in camp, based on an exam completed within the past 24 months, may be used.

An exemption from a physical examination might be requested based on religious beliefs of individual campers or staff. A sample release form is available on the CD-ROM under HW-7; it provides a sample statement that is of general good health, that the individual is free from communicable diseases, and that the individual who signs the form releases the camp from responsibility for any impairment of health that might occur as a result of this exemption.

The *ACA Accreditation Standards Resource CD-ROM* should be consulted for additional information on waiver forms.

COMPLIANCE DEMONSTRATION: Visitor observation of randomly selected camper and staff health-exam records.

WRITTEN DOCUMENTATION IS REQUIRED

HW-7 PERMISSION TO TREAT

For minors, and adults needing cognitive assistance, does the camp have signed permission to provide routine health care, dispense medications, and seek emergency medical treatment; or a signed waiver refusing permission to treat? YES NO

INTERPRETATION: “Routine health care” may include, but is not limited to, those treatment procedures addressed in Standard HW-12. Some states require parental permission for care-givers to dispense over-the-counter medications, such as analgesics, cough syrup, and other topical ointments.

Although most camps are not subject to HIPAA (Health Information Portability and Accountability Act) privacy regulations, some camps have found it helpful to also have permission for the release of any records necessary for treatment, referral, billing, or insurance purposes.

If parents or guardians refuse to sign a permission-to-treat form, for religious or other reasons, the camp should have a signed form that specifies the action to be taken if the person needs care or treatment, and releases the camp from liability if the parent or guardian cannot be reached in an emergency.

The *ACA Accreditation Standards Resource CD-ROM* should be consulted for additional information on permission forms.

COMPLIANCE DEMONSTRATION: Visitor observation of randomly selected records.

WRITTEN DOCUMENTATION IS REQUIRED



Applies to:

- Day camps
- Resident camps

HW-8 HEALTH SCREENING FOR RESIDENT CAMPS

Does the camp have a procedure in practice for a health screening of campers and seasonal staff within 24 hours of the first arrival at camp that:

HW-8A: Is conducted by persons with the following qualifications:

- For resident and trip or travel camps not primarily serving campers with special medical needs, a licensed medical provider or an RN or an adult following specific written instructions of a licensed physician, and
- For camps primarily serving persons with special medical needs, a licensed medical provider or an RN?

HW-8B: Includes procedures and written evidence of the screening results to:

- Check for observable evidence of illness, injury, or communicable disease,
 - Verify and update health-history information to identify any medication, changes in health status or special needs that may require further follow-up, and
 - Review and collect any medications to be dispensed during the staff's and camper's stay at camp?
- YES NO

Does not apply to day camps and non-medical religious camps.

Applies to:
▪ **Resident camps**

INTERPRETATION: The purpose of a health screening is to verify and update the health history received from each camper prior to participation in camp activities and to assure that the camp staff is prepared to respond to the particular health-care needs of the campers.

Written documentation of the screening simply involves recording that the screening took place and the results. It can be as basic as a checkmark on the health form that verifies that the information on the form is current, with notations regarding any changes. Any significant finding during screening would require more detailed documentation. The documentation should be signed by the screening personnel and dated.

"Further follow-up" may include not only advising appropriate staff of specific needs, allergies, or restrictions, but also contacting parents or health professionals to gather further information to help ensure a successful camp experience.

*Additional health-review and screening considerations for trip and travel camps are found in Standard PT-9.

COMPLIANCE DEMONSTRATION: Director/staff explanation of the screening process; visitor observation of randomly selected records of screening completed for current campers and staff (with written acknowledgement of some kind). Visitor observation of license(s) and/or written screening instructions should occur.

WRITTEN DOCUMENTATION IS REQUIRED



HW-9 HEALTH INFORMATION REVIEW FOR DAY CAMPS

Does not apply to resident camps and non-medical religious camps.

***HW-9B does not apply to day camps that are not primarily serving persons with special medical needs.**

Applies to:
▪ **Day camps**

- HW-9A: Does the camp have procedures in practice that require staff members to:
- Review the health histories of campers and seasonal staff within 24 hours of the first arrival at camp,
 - Collect any medications to be dispensed during the camper's enrollment?
- YES NO

HW-9B: For camps primarily serving persons with special medical needs, the review is conducted by a licensed medical provider YES NO

INTERPRETATION: The purpose of the health-history review of every camper and staff member is to identify any medical needs that affect participation in camp activities. The staff should have access for consultation with the health care provider as needed.

Although not required by the standard, written verification of the review is recommended.

COMPLIANCE DEMONSTRATION: Director/staff explanation of health information review process.

HW-10 INFORM STAFF OF SPECIFIC NEEDS

Applies to:
▪ **Day camps**
▪ **Resident camps**

Does the camp have procedures in practice for informing staff of any specific needs of campers for whom they are responsible?

YES NO

INTERPRETATION: The intent of this standard is that all appropriate staff be informed of medical, physical, or other needs or restrictions of campers under their supervision, whether in the cabin or in program activities. This requirement may include information on diet, allergies, medication, rest requirements, and activity restrictions; recognition and care of potential medical problems, such as choking, seizures, and hypoglycemia; care and handling of campers with wheelchairs, prosthetic, and orthopedic devices; and any other specialized needs or limitations of individual campers.

COMPLIANCE DEMONSTRATION: Director/staff explanation of procedures and their implementation.

HW-11 HEALTH-CARE PERSONNEL

Does the camp have a health-care provider on-site who is qualified as follows:

HW-11A: For day camps not otherwise specified below:

Is a licensed physician or registered nurse, or has access by phone to a licensed physician or registered nurse with whom prior arrangements have been made in writing to provide consultation and other health-care support to the camp?

YES NO

HW-11B: For resident camps not otherwise specified below:

Is a licensed physician or registered nurse, or is in consultation with a licensed physician or registered nurse who is on the campsite daily?

YES NO

HW-11C: For camp sessions that primarily serve persons with special medical needs:

Is a licensed physician or registered nurse?

YES NO

HW-11D: For nonmedical religious camps:

Is an individual meeting qualifications specified in writing by the religious program?

YES NO

INTERPRETATION: In Standard HW-11A, "access by phone" should be to a specific doctor, nurse, or clinic that is familiar with the camp's health-care needs. Access to a 911 emergency phone system does not qualify as access to specific medical personnel who are providing on-going consultation to oversee camp health.

In Standard HW-11B, the "daily consultation" should include checking current health concerns or recent treatments and reviewing the medical log and incident/accident reports. "On the campsite daily" means time occurs each day when a person so licensed is on the property to consult with the health-care staff. The intent of this standard is that a review of camp health practices and concerns is undertaken by someone with professional medical training who can provide advice and input on current health and wellness concerns in camp.

Nurses and doctors are qualified to meet this standard only if they are permanently or temporarily licensed or recognized by the state in which the camp is located. As a general rule, medical staff trained abroad are not permitted to fulfill the functions of a doctor or nurse until they have completed state board examinations and are licensed in the state.

Does not apply for each sub-section of HW-11 if the camp types specified are never applicable.

Does not apply to camps that are exclusively trip/travel camps.

Applies to:

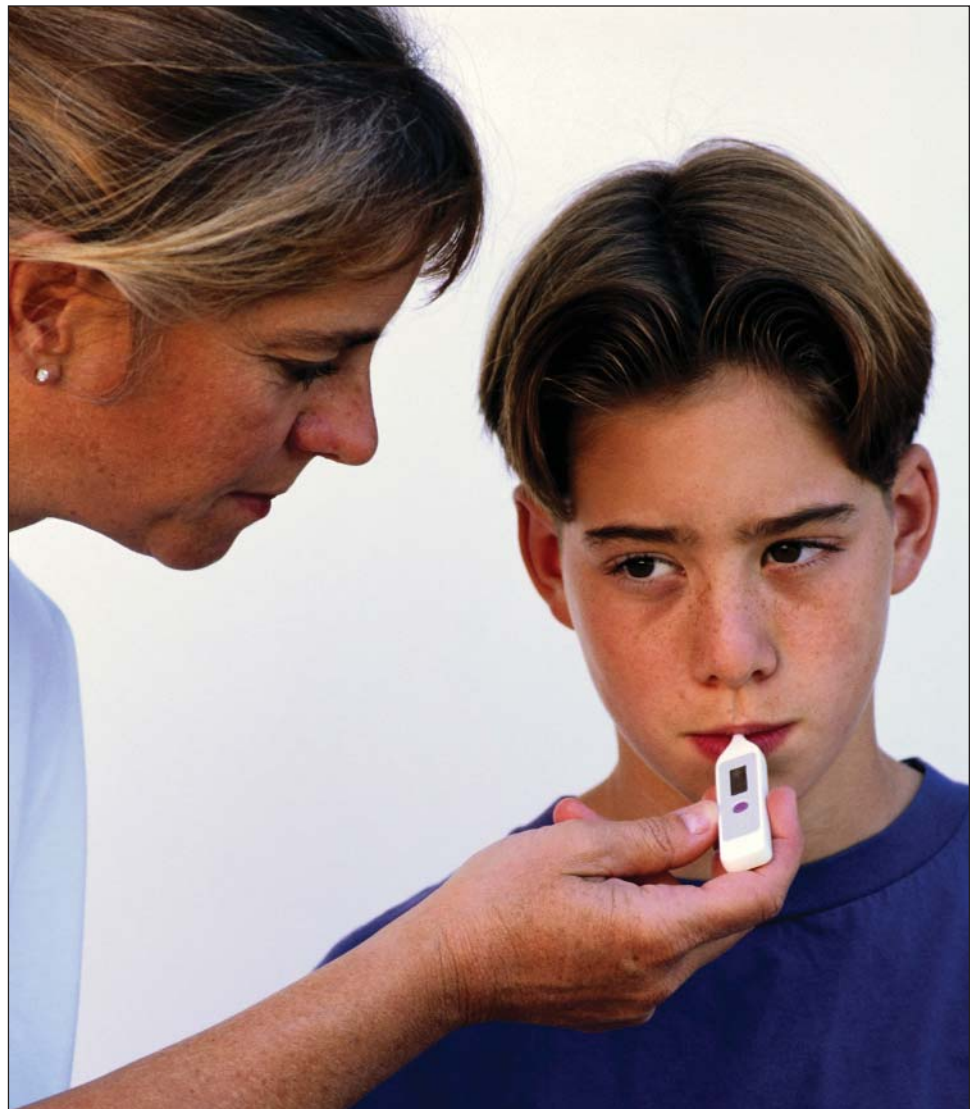
- **Day camps**
- **Resident camps**

For camps primarily serving persons with special medical needs, provisions must be made for similarly qualified substitutes when the physician or RN must be away from camp for more than 12 hours in a resident camp or more than one day in a day camp. When the camp is without a physician or RN for periods less than 12 hours, a licensed practical nurse or a graduate nurse may be used.

In nonmedical religious camps, a person must be on duty who is designated to handle health and incident/accident situations who meets the qualifications specified in writing by the religious body.

COMPLIANCE DEMONSTRATION: Director/staff description of process in place to assure coverage; visitor observation of licenses and certification cards.

WRITTEN DOCUMENTATION IS REQUIRED



HW-12 TREATMENT PROCEDURES

Does the camp utilize treatment procedures for dealing with reasonably anticipated illnesses and injuries that are:

- | | |
|--|--------|
| • Established in writing, and | |
| • Annually reviewed by a licensed physician? | YES NO |

INTERPRETATION: "Treatment procedures" include commonly accepted treatments, appropriate to the health-care provider's credentials, for minor illnesses or injuries and general first-aid guidelines. This factor also includes the identification of points at which professional medical treatment or advice should be sought.

"Standing orders" is a term used by some camps for their treatment procedures. It is also a term used in the medical community for specific orders for a specific client, written by a physician, to be administered by other licensed medical personnel. For the purposes of this standard, "treatment procedures" has been determined to be a more appropriate term.

Procedures for care and treatment should be appropriate for the personnel providing health care in the camp (e.g., nurse, EMT, first aider) and should be specific to reasonably anticipated camp injuries and illnesses. Procedures should be developed, revised, or reviewed by a licensed physician. Since accepted practices and medications change frequently, these procedures and protocols should be reviewed annually to determine acceptability with current medical practice. The camp's health-care provider should be present to review the procedures with the camp's physician whenever possible.

The *ACA Accreditation Standards Resource CD-ROM* should be consulted for additional information on treatment procedures, medical protocols, nurse transition list, and day camp health-alert forms.

COMPLIANCE DEMONSTRATION: Visitor observation of written treatment procedures with date and identification of reviewer noted (the actual signature of the physician may be helpful to the camp but is not required by this standard).

WRITTEN DOCUMENTATION IS REQUIRED

Does not apply to a nonmedical religious camp or if all health care for all programs is provided by licensed physicians.

Applies to:

- Day camps
- Resident camps

HW-13 STAFF TRAINING

Are camp staff trained in the camp's written procedures to:

- Identify their role and responsibilities in camp health-care,
- Prepare them to use health-care supplies and equipment with which they may be furnished,
- Identify those situations which should be attended to only by certified health personnel, and
- Use established sanitary procedures when dealing with infectious waste or body fluids?

YES NO

Applies to:

- **Day camps**
- **Resident camps**

INTERPRETATION: The intent of this standard is that all staff provided by the camp should receive training from the camp concerning their role in the identified circumstances. Staff require training to identify the limits and expectations of their participation in the delivery of health care, including first aid, in camp.

Preventative roles may include watching for and planning to avoid illness, fatigue, dehydration, sunburn, ticks, etc. First-aid training should equip the staff to deal with reasonably anticipated health-care concerns, based on the clientele, location, and activities. This step could range from simple first-aid procedures to handling choking and seizures. Staff may also require training in the care of orthodontic, orthopedic, and prosthetic devices; persons in wheelchairs; and/or persons with bedwetting or homesickness problems.

"Infectious waste" includes such items as syringes, needles, or dressings wet with body fluids or blood. The use of barriers (CPR barrier, masks, or gloves), hand washing, sanitizing procedures, and appropriate waste disposal must be considered when developing procedures in this area. Camps with staff or campers requiring injections will need sharps containers for needle disposal. Bio-hazard bags ("red bags") are required by Occupational Safety and Health Association (OSHA) for dressings or materials that are used to soak up blood or other infectious wastes. State departments of health can give guidance on appropriate handling of and disposal procedures for infectious waste materials and body fluids. Universal precautions in this regard, as established by the OSHA, are applicable to all camps. While Standard HW-3 relates to health-care policies and authority, this standard relates to staff training.

The *ACA Accreditation Standards Resource CD-ROM* should be consulted for additional staff training information.

COMPLIANCE DEMONSTRATION: Visitor observation of written procedures; director/staff description of training received.

WRITTEN DOCUMENTATION IS REQUIRED

HW-14 AWAY FROM MAIN CAMP

For overnights, out-of-camp trips, or activity locations or situations where the camp health provider is not present or nearby, does the camp require that a staff member be immediately available who has been oriented to:

- Provide for routine health-care needs of the participants, and
- Handle life-threatening medical emergencies related to the health conditions of the participants and the environmental hazards associated with the area?

YES NO

INTERPRETATION: This standard applies to overnights, out-of-camp trips, or activity locations that are relatively far from help in case of an emergency, as well as to times when the camp health provider is on a day off or out of camp. The concern of this standard is to ensure that the anticipated health-care needs of a designated group of participants are met, in addition to providing for the first-aid coverage required in other standards.

Orientation for staff members may include instructions concerning medications for group participants, any restrictions for group members, and general health instructions particular to the activity (e.g., sunburn precautions, dehydration, altitude sickness, hypothermia, etc.).

"Life-threatening medical emergencies" refers to reasonably expected potential emergencies related to the known health conditions of the participants of this particular activity. If a child has epilepsy, for instance, a staff member should be trained in how to handle seizures. Or if a child is known to be allergic to bee stings, a staff member should be specifically oriented to deal with that situation.

COMPLIANCE DEMONSTRATION: Director/staff description of the policy's implementation.



Does not apply if the camp does not conduct hikes, schedule trips, or permit activity locations where the camp health provider is not immediately available.

Applies to:

- Day camps
- Resident camps

HW-15 SPECIAL MEDICAL NEEDS

In order to meet the special medical needs of participants, does the camp have the following available:

HW-15A: Sufficient medical staff to meet the needs of participants equivalent to minimums established by nationally recognized medical providers or as approved in writing by a licensed physician? YES NO

HW-15B: A system for evaluating the camp's ability to meet participants' special medical needs prior to enrollment? YES NO

HW-15C: Information about the camp's philosophy and health-management practices that is shared with parents and participants prior to enrollment so they can identify the camp's approach to medical concerns? YES NO

Does not apply if the camp never provides sessions that primarily serve persons with special medical needs.

Applies to:

- Day camps
- Resident camps

INTERPRETATION: "Special medical needs" include conditions which require special medical or health attention or care while the participant is in camp, including chronic conditions, such as epilepsy or insulin-dependent diabetes, illnesses such as cancer, or physically-disabling conditions such as spina bifida, etc. If a camp serves specific special-needs populations, the ratio of medical staff-to-special-needs participants must meet minimums of nationally recognized groups and approved by a licensed physician familiar with such groups.

The *ACA Accreditation Standards Resource CD-ROM* and the ACA website, www.acacamps.org, should be consulted for additional information and medical providers for individuals with special medical needs.

COMPLIANCE DEMONSTRATION: Director/staff description of medical staff, systems, and practices in place.



HW-16 HEALTH-CARE CENTER

Does the camp have a health-care shelter or center available to handle first aid and emergency cases that provides:

- Protection from the elements,
- Space for treatment of injury and illness,
- A lockable medication storage system,
- Available toilet(s),
- Available water for drinking and cleaning?

And, except for day camps,

- One bed per 50 campers and staff, and
- Isolation, quiet, and privacy?

YES NO

INTERPRETATION: "Available" toilets and water refers to the fact that these items should be located in or next to the health-care area so that ill or injured persons have easy access. Sufficient amounts of water for drinking and cleansing should be on hand.

It is most desirable to have any medicinal drugs locked in a cabinet at all times, particularly if narcotics are involved. However, in cases where there is full-time medical staff and the health-care facility or first-aid area is in a permanent building, it is acceptable to have the entire building or room where medication is kept locked when not under direct supervision of the health-care staff. Those drugs needing refrigeration may be stored in a locked refrigerator, or in a locked container within the refrigerator. While health-care facility concerns cannot be specified for camps operating without a base site, these programs should still provide a lockable storage system for medications.

COMPLIANCE DEMONSTRATION: Visitor observation of the facility in use.



Does not apply to camps with no base site.

Applies to:

- Day camps
- Resident camps

HW-17 AVAILABILITY OF AN AUTOMATED EXTERNAL DEFIBRILLATOR (AED)

Does not apply to nonmedical religious camps.

Applies to:

- **Day camps**
- **Resident camps**
- **Short-term resident programs**
- **User-group programs**

Has the camp assessed the need for an AED (automated external defibrillator) at the camp location? YES NO

INTERPRETATION: This standard requires that the camp determine the need for an AED in relation to campers and activities. Staff should take into account the age of campers on the site in all seasons, the nature of the camp's activities, the location of the camp in relation to medical services, the logistics of storing and using the AED, the applicable state and local regulations, and the advice of medical and legal authorities.

The *ACA Accreditation Standards Resource CD-ROM* should be consulted for additional information on AEDs.

COMPLIANCE DEMONSTRATION: Director description of the process to determine the need for an AED.



HW-18 SUPERVISION IN THE HEALTH-CARE CENTER

Does the camp implement a procedure that requires continual supervision of persons in the health-care center? YES NO

INTERPRETATION: "Continual supervision" means that at least one staff member is always present when campers or staff are in the health-care facility for health or medical reasons. This person may be the health-care provider or a staff member who is following the directions of the camp health provider.

COMPLIANCE DEMONSTRATION: Staff description of the procedures in place.

Does not apply to camps with no base site.

Applies to:

- Day camps
- Resident camps

HW-19 PARENT NOTIFICATION

Has the camp implemented a policy, made known to parents and guardians in writing, that identifies the situations when parents will be notified of an illness or injury to their camper? YES NO

INTERPRETATION: Parents or guardians must have a clear understanding of the camp's policies for notifying them of illness or injury to campers. In addition, camps are encouraged to keep a "communications log" to document any contact with parents.

The *ACA Accreditation Standards Resource CD-ROM* should be consulted for information on a health center communication log.

COMPLIANCE DEMONSTRATION: Visitor observation of written evidence of a notification policy.

Applies to:

- Day camps
- Resident camps

WRITTEN DOCUMENTATION IS REQUIRED

HW-20 MEDICATION MANAGEMENT

To prevent the unauthorized use of drugs, does the camp require all drugs to be stored under lock (including those needing refrigeration), except when in the controlled possession of the person responsible for administering them, and:

- For prescription drugs — dispensed only under the specific directions of a licensed physician, and
 - For nonprescription drugs — dispensed only under the camp's written health-care procedures (see Standard HW-3), or under the signed instruction of the parent or guardian or the individual's physician?
- YES NO

Does not apply if no drugs are kept in the camp or carried on trips.

Does not apply to insulin if the camp primarily serves campers with diabetes and the written camp philosophy of diabetes management requires self-administration of insulin.

Applies to:

- Day camps
- Resident camps

INTERPRETATION: The intent of this standard is that all medications be stored under the control of the camp health provider or trip staff. Exceptions would be for a limited amount of medication for life-threatening conditions carried by a camper or staff person (e.g., bee-sting medication, inhaler) or limited medications approved for use in first-aid kits.

"Drugs" include all prescription medications, as well as all over-the-counter drugs that are potentially hazardous if misused (e.g., Tylenol®, cold tablets, etc.). "Controlled possession" means under the immediate and direct supervision or control of the person taking it or of a staff member, to prevent access by unauthorized persons. "Specific directions of a licensed physician" includes directions on an original prescription bottle, a note on the signed health examination record, or a written statement from a licensed physician.

Drugs should be locked in a cabinet or storage box at all times, particularly if narcotics are involved. However, in cases where there is full-time medical staff and the health-care facility or first-aid area is in a permanent building, it is acceptable to have the entire building or room where medication is kept locked, when not under direct supervision of the health-care staff. Those drugs needing refrigeration may be stored in a locked refrigerator, or in a locked container within the refrigerator.

When staff reside in quarters where camper access is restricted or prohibited, it is suggested that any medications in that area be locked, though it is not required by this standard. The camp health provider should be aware of all medications in the possession of persons on the camp property, whether or not they are kept in the health-care facility.

The *DOES NOT APPLY* designation to insulin applies only to camps primarily serving campers with diabetes (i.e., more than 50% of enrolled campers are diabetic), where the camp educational philosophy of diabetes management specifies that camper control of insulin is part of the training program.

COMPLIANCE DEMONSTRATION: Visitor observation of drug storage; director/staff description of the procedures in use.

HW-21 RECORDKEEPING

Does the camp generate the following records:

HW-21A: A health log or other health recordkeeping system in which the following information is recorded in ink:

- Date, time, and name of person injured or ill,
- General description of injury or illness,
- Description of treatment (if administered), including any treatment administered away from the health-care facility,
- Administration of all medications, and
- Initials of person evaluating and treating? YES NO

HW-21B: Reports of all incidents resulting in injury requiring professional medical treatment? YES NO

INTERPRETATION: A bound book with preprinted page numbers and lined pages is frequently used to meet Standard HW-21A, because of its acceptability in a court of law. Such a system is particularly helpful when multiple people keep health records, or when the records are kept by persons without extensive medical training. Any system used should be reviewed by medical and legal counsel. Camps should keep separate records for campers and staff to meet OSHA regulations. Computerized records are acceptable under this standard only when a method exists of ascertaining when records have been altered.

Camps should have a system to ensure that any logs that are kept away from the camp's main health center (e.g., on trips or at remote locations) are added to or included in the main log or recordkeeping system. The administration of drugs on a daily, routine schedule to a number of campers may be recorded in one entry at the end of the session by appending daily medication records to the log or charts.

In Standard HW-21B, "professional medical treatment" includes all medical attention by or consultation with a licensed physician following an injury or incident. Staff are required to complete reports in Standard OM-13.

The *ACA Accreditation Standards Resource CD-ROM* should be consulted for additional information.

COMPLIANCE DEMONSTRATION: Visitor observation of logs and reports; director/staff description of recordkeeping process.

WRITTEN DOCUMENTATION IS REQUIRED

Applies to:

- Day camps
- Resident camps

HW-22 RECORD MAINTENANCE

Does the camp maintain, at least for the period of statutory limits, all health forms and records gathered or produced during the camp season? YES NO

Applies to:

- Day camps
- Resident camps

INTERPRETATION: This standard includes, as applicable, health histories, health-exam forms, permission-to-treat forms, health logs, medication logs, and incident reports. Camps may also want to consider including each year's health policies, and treatment procedures and protocols, along with information on health-care providers and insurance providers.

While state laws vary, minors usually have up to two years after they reach the age of adulthood to instigate litigation on their own behalf. Staff records of persons who have had exposure to bloodborne pathogens are required by OSHA to be maintained for the period of employment, plus 30 years. Other staff health records are to be maintained for 20 years according to OSHA.

COMPLIANCE DEMONSTRATION: Director/staff description of recordkeeping process.



SHORT-TERM RESIDENTIAL, FAMILY PROGRAMS,
AND RENTAL TO USER GROUPS

Standards HW-23 through HW-25 *DO NOT APPLY* if camps *DO NOT* operate short-term residential programs, family camps, or provide facilities to user groups.



HW-23 EMERGENCY CARE PERSONNEL

**MANDATORY
(ALL)**

Does the camp provide, or advise user-group leaders, in writing, to provide, adults with the following qualifications to be on duty for emergency care:

- CPR certification from a nationally recognized provider, and, for youth groups,
- First-aid certification from a nationally recognized provider?

YES NO

Applies to:

- Short-term resident programs
- User-group programs

INTERPRETATION: For the purposes of the standards, a youth group is one with children under age 18 who are unaccompanied by a parent or guardian.

The ACA website, www.acacamps.org, should be consulted for information on certifying bodies.

COMPLIANCE DEMONSTRATION: Visitor observation of written information or contract language for user groups and/or camp staff certification cards.

WRITTEN DOCUMENTATION IS REQUIRED



HW-24 HEALTH-CARE PLANNING

Does the camp have written evidence that the administration has analyzed potential emergency-care and first-aid needs for short-term residential programs, families, and user groups, and has identified:

- Who is responsible for first aid and emergency care (user groups or camp staff),
- Who is responsible for emergency transportation (user groups, camp, or community services),
- Availability and storage of any first-aid supplies or equipment, and
- Training and information to be provided to staff, families, and user groups concerning emergency procedures and reporting requirements?

YES NO

INTERPRETATION: The intent of this standard is for camps to analyze their operations and make conscious decisions about their role in first aid or emergency care for short-term programs, family groups, and other user groups, which may represent a wide range of concerns—from cuts and scratches to massive trauma. In many cases, camps may determine that user groups should be responsible for their own first aid, including first-aid supplies, and emergency transportation. Once those decisions are made, they must be communicated to user groups in the contract (see Standard OM-19).

"Reporting requirements," in the final sub-section of this standard, indicates that the camp should make a deliberate decision about what reports it expects to receive from staff and user groups concerning accidents, incidents, injuries, and illnesses.

The *ACA Accreditation Standards Resource CD-ROM* should be consulted for additional information on health-care planning.

COMPLIANCE DEMONSTRATION: Visitor observation of written information.

WRITTEN DOCUMENTATION IS REQUIRED

Applies to:

- Short-term resident programs
- User-group programs

HW-25 HEALTH INFORMATION

Does the camp gather, or advise user-group leaders, in writing, to gather, the following information:

- Names and addresses of all participants,
- Emergency contact names and numbers,
- A listing of any persons with known allergies or health conditions requiring treatment, restriction, or other accommodation while on site, and
- For minors without a parent on-site, signed permission to seek emergency treatment or a signed religious waiver? YES NO

Applies to:

- Short-term resident programs
- User-group programs


INTERPRETATION: The intent of this standard is to have appropriate information immediately available in case of an emergency. Whoever is taking responsibility for providing emergency care, whether it is the rental group or the camp, should have immediate access to the information.

The *ACA Accreditation Standards Resource CD-ROM* should be consulted for information about permission-to-treat forms and about waivers for persons who refuse medical treatment on religious grounds.

COMPLIANCE DEMONSTRATION: Visitor observation of randomly selected forms or written instructions to user-group leaders.

WRITTEN DOCUMENTATION IS REQUIRED

american **CAMP** association™



camp *health record log*

☐ CAMPERS
☐ STAFF